



500 W Main St  
PO Box 850500  
Yukon, OK 73085  
405-354-1895  
405-350-8909 fax

[customerservice@cityofyukonok.gov](mailto:customerservice@cityofyukonok.gov)  
[www.cityofyukonok.gov](http://www.cityofyukonok.gov)

## COMMERCIAL SERVICE TRANSFER

Name of Business \_\_\_\_\_

Address moving from \_\_\_\_\_

Address moving to \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date service to terminate at old address \_\_\_\_\_ and start at new address \_\_\_\_\_

Owner Legal Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Owner Home Phone \_\_\_\_\_ Owner Cell Phone \_\_\_\_\_

Owner Social Security \_\_\_\_\_ DL \_\_\_\_\_ State \_\_\_\_\_

Owner Birth Date \_\_\_\_\_ Business Tax ID \_\_\_\_\_ Business Phone \_\_\_\_\_

Manager Name \_\_\_\_\_ Manager Cell \_\_\_\_\_

Person who issues payments \_\_\_\_\_ Their phone \_\_\_\_\_

Property Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### SANITATION REQUIREMENTS

All businesses must use the City of Yukon sanitation service Use of private garbage vendors is rarely approved. Please circle your preferred garbage pickup days:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

# of 2 yard dumpsters needed \_\_\_\_\_ 90 gallon carts needed \_\_\_\_\_

I understand that a transfer fee will be added to my first monthly bill at my new location. I hereby certify that all the foregoing information is truthful and I understand that failure to pay my bills will result in my service being terminated I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand I will be responsible for any additional collection agency charges and legal fees incurred in the collection of my delinquent balance as allowed by law.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*Office use only: Old Account Number* \_\_\_\_\_ *New Account Number* \_\_\_\_\_